

2-21-06

EW 36/71/\$

EXPRESS MAIL NO. EV335548816US



# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

|                      |                    |
|----------------------|--------------------|
| Application Number   | 10/015,518         |
| Filing Date          | December 13, 2001  |
| First Named Inventor | Ian James Rickards |
| Art Unit             | 3671               |
| Examiner Name        | Gary S. Hartmann   |
| Attorney Docket No.  | 750036.401C1       |

## ENCLOSURES (check all that apply)

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement and Transmittal<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input checked="" type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):<br><u>Substitute Specification</u><br><u>Redlined Substitute Specification</u><br>_____<br>_____ |
|---|--|---|

**Remarks** 4 Sheets of Replacement Drawings (Figures 1-8)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |                 |        |
|--------------|---|-----------------|--------|
| Firm Name    | Seed Intellectual Property Law Group PLLC | Customer Number | 00500  |
| Signature    |   |                 |        |
| Printed Name | Kevin S. Costanza                         |                 |        |
| Date         | February 17, 2006                         | Reg. No.        | 37,801 |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |  |       |  |
|-----------------------|--|-------|--|
| Signature             |  |       |  |
| Typed or printed name |  | Date: |  |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
749033\_1.DOC

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

# FEE TRANSMITTAL

## for FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1020)

Application Number 10/015,518

Filing Date December 13, 2001

First Named Inventor Ian James Rickards

Examiner Name Gary S. Hartmann

Art Unit 3671

Attorney Docket No. 750036.401C1

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments☒ Charge any underpayments or credit any overpayments

of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | _____          |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | _____          |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | _____          |

## 2. EXCESS CLAIM FEES

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims | Extra Claims  | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|---------------|----------|---------------|---------------------------|
| 17           | -20 or HP = 0 | X        | =             | Fee (\$)                  |
|              |               |          |               | Fee Paid (\$)             |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 1             | -3 or HP = 0 | X        | =             |

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| _____        | -100 = _____ | /50 = _____ (round up to a whole number)         | x _____  | _____         |

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time ( 3 months)

1020

SUBMITTED BY

Signature

Registration No.  
(Attorney/Agent)

37,801

Telephone

206-622-4900

Name (Print/Type)

Kevin S. Costanza

Date

February 17, 2006